

## **“FIT TO WIN” HEALTH RISK APPRAISAL (HRA)** **REQUEST FORM**

- **Reserve commands and all others** should send this form completed to NEHC, Attention: Maureen Capps or Carrlette Parker. **FAX to: 757-444-1345.**  
E-mail: [cappsm@nehc.med.navy.mil](mailto:cappsm@nehc.med.navy.mil) or [parkerc@nehc.med.navy.mil](mailto:parkerc@nehc.med.navy.mil)  
Phone (757) 462-5594/5569 DSN 253-5594/5569

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1. Date of request: \_\_\_\_\_
2. Number of forms requested \_\_\_\_\_  
HRAs come in packages of 50 (400 HRAs per box). Please request only the number of forms which you will use in the next few months.
3. Purpose of the data collection (i.e. Green H award, needs assessment, baseline data)  
\_\_\_\_\_
4. Name of Command: \_\_\_\_\_
5. UIC: \_\_\_\_\_
6. Point of Contact for follow-up: \_\_\_\_\_
7. Email: \_\_\_\_\_
8. Address: \_\_\_\_\_  
\_\_\_\_\_
9. Telephone (area code, specify Comm/DSN): \_\_\_\_\_
10. Fax number: \_\_\_\_\_

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